



City Contractors' Pay or Play Program

Employer Benefit Expense Report

The purpose of this form POP-7 is to report compliance by contractors/subcontractors subject to the City Contractors' Pay or Play Program that **opted to offer** health benefits to covered employees (Play). The prime contractor will submit this form, along with proof of payment (photocopies of paid invoices, for example) to the City department that manages the contract within 30 calendar days of the contract award date, and again every quarter thereafter. The prime contractor may submit a separate form for each subcontractor. The City of Houston may request additional documentation to support the information reported on this form.

Initial Report? _____ Report for Quarter Ending _____ Report for Prime/Sub-Contractor _____

Contractor Name: _____ \$ _____
(Amount of Contract)

Contractor Address: _____ Phone _____

Project Name: _____ Project No:(GFS/CIP/AIP/File No.) _____

Health Benefit Provider/Organization _____

Group No. Or Payer ID# _____ Phone _____

Employee Name	New? (X)	Insurance ID # (Please don't use SS#; use Policy # or any other alternate means of identification)	Insurance Premium		Coverage Start Date	Coverage End Date
			Employer Contribution \$	Employee Contribution \$		

To comply with contract requirements relating to Pay or Play you may have to obtain individual employees' consent, please check the applicable privacy laws.



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Employee Name	New? (X)	Insurance ID # (Please don't use SS#; use Policy # or any other alternate means of identification)	Insurance Premium		Coverage Start Date	Coverage End Date
			Employer Contribution \$	Employee Contribution \$		

Contractor Signature:

Update submitted by contractor's authorized representative:

Signature Print Name Date Submitted

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